



Standard Form 3105  
August 1987  
5 CFR 844

Form Approved:  
OMB No. 3206-0171  
Expires 7-31-90

## Documentation in Support of Disability Retirement Application

*Includes Information,  
Instructions, and  
Most Necessary Forms*

### INTRODUCTION

This package contains the forms that you, your agency, and your physician need to complete to document your claim for disability retirement under the Federal Employees' Retirement System (FERS) and the measures which have been taken (such as accommodation, reassignment, etc.) to maintain your continued employment.

You should consider applying for disability retirement only after you have provided your employing agency with complete documentation of your medical condition, and your agency has exhausted all reasonable efforts to retain you in a productive capacity, through accommodation, reassignment, etc. ("Accommodation" means an adjustment to a job and/or work environment that enables a qualified handicapped person to perform the duties of that position.)

It is your responsibility, as the applicant, to obtain and submit documentation which is sufficient for the Office of Personnel Management to determine whether you meet the criteria for FERS disability benefits.

It is also your responsibility to document that you have applied for social security disability benefits. Your application cannot be completely processed without this information.

### ELIGIBILITY

You must meet all of the following conditions to be eligible for disability retirement:

1. You must be serving in a position subject to the Federal Employees' Retirement System.
2. You must have completed at least 18 months of Federal civilian service which is creditable under FERS.
3. You must, while employed in a position subject to the retirement system, have become disabled, because of disease or injury, for useful and efficient service in your current position. (Useful and efficient service means fully successful performance of the critical or essential elements of the position -- or the ability to perform at that level, and satisfactory conduct and attendance.) The disability must be expected to last at least one year from the date you became disabled.

4. Your agency must certify that it is unable to accommodate to your disabling condition in your present position and that it has considered you for any vacant position for which you are qualified. (An employee of the postal service is considered not qualified for reassignment if it is to a position in a different craft or if it is inconsistent with the terms of a collective bargaining agreement covering the employee.)
5. You, or your guardian or other interested person, must apply before your separation from service, or within one year thereafter. This time limit can only be waived in certain instances involving incompetence.

Note: If you are a Military Reserve Technician being separated from your position because of a disability that disqualifies you from membership in the Military Reserve or from holding the military grade required for your employment, special provisions may apply to you. Contact your employing agency for the necessary information.

### APPLYING FOR BENEFITS

This package contains the following forms:

- Standard Form 3105A - Applicant's Statement of Disability
- Standard Form 3105B - Supervisor's Statement
- Standard Form 3105C - Physician's Statement
- Standard Form 3105D - Agency Certification of Reassignment and Accommodation Efforts
- Standard Form 3105E - Disability Retirement Application Checklist

These forms should be completed as instructed below and on the forms themselves, and should be returned to your employing agency with your completed SF 3107, Application for Immediate Retirement. (Your agency will tell you where and how to return them.)

Your employing agency will add documentation already on file, and review all of the available information to determine whether any reasonable accommodation or reassignment can be made to permit you to continue working. If your agency determines that this is not possible, it will make certification of that determination, assemble all relevant forms and documents, and submit the entire package to FERS.

OPM will make a disability determination based on the information received with your application. You should review this package and the SF 3107 carefully to assure that the completed forms contain all the necessary information, and that you are submitting any additional documentation which you believe will help substantiate your claim. A disability application must contain documentation that specifically demonstrates:

1. A deficiency in service with respect to performance, attendance or conduct, or, in the absence of any actual service deficiency, a showing that the medical condition is incompatible with either useful service or retention in the position.
2. A medical condition, which is defined as a health impairment resulting from a disease or injury, including a psychiatric disease.
3. A relationship between the service deficiency and the medical condition such that the medical condition has caused the service deficiency.
4. The duration of the medical condition, both past and expected, and a showing that the condition, in all probability, will continue for at least a year from the date the employee became disabled.

5. The applicant's inability to render useful and efficient service arose while the employee was serving under the Federal Employees' Retirement System.
6. The inability of the employing agency to make reasonable accommodation to the employee's medical condition.
7. The agency's consideration of the employee for reassignment to any available position within the employing agency and commuting area, at the same grade and pay level, for which the employee is qualified.

## INSTRUCTIONS FOR COMPLETING APPLICATION

Type or print clearly. If you need more space in any section, use a plain piece of paper with your name, date of birth, and Social Security Number written at the top. If you do not know the answer write "unknown." If you are unsure of information (for example, you do not know an exact date), answer to the best of your ability, followed by a question mark (?).

**DO NOT SEND ANYTHING DIRECTLY TO THE FEDERAL EMPLOYEES' RETIREMENT SYSTEM, OFFICE OF PERSONNEL MANAGEMENT, UNLESS SPECIFICALLY INSTRUCTED TO DO SO.**

The following additional information should help you to answer those questions on the application which are not entirely self-explanatory.

### Standard Form 3105A - Applicant's Statement of Disability

11. Attach the receipt from the Social Security Disability Application form (SSA Form 16-76) or your social security award statement.

### Standard Form 3105B - Supervisor's Statement

Give this form to your supervisor, with your Applicant's Statement of Disability. Your supervisor will complete the form to furnish and certify information concerning your performance, attendance, and conduct and about any attempts made by the supervisor to accommodate you.

The information your supervisor provides will be used together with the medical documentation you submit to determine if your service was useful and efficient or could become useful and efficient through reasonable accommodation of your disability. The relationship of your medical condition(s) and service deficiencies must also be established.

Instructions and guidelines for use by your supervisor in completing and certifying these sections are on the back of the form.

After completion, your supervisor will give you a copy of the form. If you disagree with any statement made by your supervisor on the form, this should be reconciled with your supervisor and/or your employing office.

### Standard Form 3105C - Physician's Statement

**Note:** If complete, current medical documentation has been submitted to your agency within the last 90 days, you may not need to obtain additional medical documentation. However, you should review the

information on the form carefully to be sure the documentation meets all requirements.

Complete Section A, Identifying Information and Consent. Then give the form and a copy of your position description to the physician from whom you are requesting medical documentation. You may also want to include a copy of your performance standards. Two copies of the form have been included in this package so that you can obtain medical documentation from more than one physician, if needed.

Section B provides the physician with both general and specific information about the medical documentation which is needed by FERS in order to make a disability decision. The physician you select is to provide, at no expense to FERS, documentation which meets the requirements stated, on his or her letterhead stationery.

### Standard Form 3105D - Agency Certification of Reassignment and Accommodation Efforts

This form is to be completed by your employing agency's Coordinator for Employment of the Handicapped, or other authorized agency official. Your agency must give you a copy of the completed form. The purpose of this form is to insure that all reasonable efforts are made to accommodate to your medical condition and to obtain agency certification concerning its efforts in this direction. Instructions for use by your agency are on the back of the form.

### Standard Form 3105E - Disability Retirement Application Checklist

This form is to be completed by your employing agency. The purpose of the form is to assure that all documentation obtained by you, and other documentation to be submitted by your agency is included in the package submitted to FERS.

## SPECIAL INSTRUCTIONS FOR EMPLOYEES WHO HAVE BEEN SEPARATED FROM FEDERAL SERVICE FOR MORE THAN 31 DAYS

Your application for disability retirement must be received by the FERS within one year after the date of your separation (see item 5 under "eligibility"). If you have been separated from Federal service for more than 31 days, you should submit your application directly to FERS rather than to your agency. The address is the Office of Personnel Management, Federal Employees' Retirement System, Employee Records and Service Center, P.O. Box 200, Boyers, Pennsylvania 16020. Ask your former supervisor and employing office to complete SF 3105B, SF 3105D, and SF 3105E and provide them to you to send directly to FERS. If you think you will not have the completed package in time to meet the one year deadline, send FERS the completed SF 3107, SF 3105A, and the medical documentation described in SF 3105C, along with the name, address and telephone number of the person(s) you have asked to provide you with the remaining forms.



**APPLICANT'S STATEMENT OF DISABILITY**  
**In Connection With Disability Retirement Under the Federal Employees' Retirement System**

Form Approved:  
OMB No. 3206-0171

1. Name of Applicant (Last, first, middle)	2. Date of Birth (mo., day, yr.)	3. Social Security Number
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4. Describe how you are deficient in your job in respect to performance, attendance, or conduct.

5. Describe your medical condition(s) (i.e., disease or injury) and how it interferes with performance of your duties, attendance, or conduct.

6. Describe any other restrictions on your activities imposed by your medical condition(s) (i.e., disease or injury) which you believe should be considered in determining your ability to perform your job in your agency.

7. What efforts have been made by your agency to change your work area or your job to make it possible for you to perform useful and efficient service in your position?

8. Give the approximate date you became disabled for performance of your position (mo., yr.).	9. Have you been hospitalized for the medical condition(s) as described in item 5? <div style="display:flex; justify-content:space-between;"><span><input type="checkbox"/> Yes</span><span><input type="checkbox"/> No</span></div>
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10. List physician(s) from whom you plan to request a Physician's Statement (SF 3105C).

11. Have you applied for disability benefits from the Social Security Administration? <div style="display:flex; justify-content:space-between;"><span><input type="checkbox"/> No    <input type="checkbox"/> Yes</span><span><input type="checkbox"/> Yes    <input type="checkbox"/> No</span></div>	NOTE: Application for disability retirement under FERS requires an application for Social Security Disability Benefits. Final processing will not occur until your Social Security application has been verified.
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12. Certification and Consent by Applicant:	I hereby certify that all statements made above are true to the best of my knowledge and belief. I hereby give my permission for the release of information about my service and medical condition(s) (i.e., disease or injury) to authorized agency and OPM officials.
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<b>WARNING</b> Any intentional false statement in this statement or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001)	Signature (Do not print)	Telephone Number During Office Hours
	Date	

<b>PRIVACY ACT STATEMENT</b> Solicitation of this information is authorized by the Federal Employees' Retirement System Act of 1986 (Chapter 84, title 5, U.S. Code). The information you furnish will be used to identify records properly associated with your application, to obtain additional information if necessary, to determine and allow present or future benefits, and to maintain a unique identifiable claim file for you. The information may be shared with national, state, local or other charitable or social security administrative agencies in order to determine benefits under their	programs, to obtain information necessary under this program, or to report income for tax purposes. It may also be shared with law enforcement agencies when they are investigating a violation or potential violation of the civil or criminal law. Executive Order 9397 (November 22, 1943) authorizes use of the Social Security Number. Furnishing the Social Security Number, as well as other data, is voluntary, but failure to do so may delay or prevent action on your application.
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## SUPERVISOR'S STATEMENT

Form Approved:  
OMB No. 3206-0171

In Connection With Disability Retirement Under the Federal Employees' Retirement System

### Section A—Applicant Identification

1. Name (Last, first, middle)	2. Date of Birth (mo., day, yr.)	3. Social Security Number
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### Section B—Information About Employee's Performance (See Supervisor's Guidelines on back)

1. Title of Current Position (Attach a copy of position description and for employees covered by FPM Chapter 430, current performance standards and latest performance evaluation)	2. Job Series, Grade and Step	3. Date of Entry into Current Position (mo., day, yr.)
4. Is employee unable to perform or is performance less than fully successful with regard to any critical element of current position?	<input type="checkbox"/> Yes ► Complete items B5-B7 <input type="checkbox"/> No ► Go to Section C	
5. Approximate Date Unacceptable Performance or Inability to Perform Began (mo., day, yr.)	6. Has employee received, after the date in item 5, a within-grade step or merit pay increase or an award based on performance of a critical element of the position? <input type="checkbox"/> Yes ► Dates of performance on which increase or award was based <input type="checkbox"/> No	6a. Was within-grade increase granted under 5 CFR 531.409(d)? <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Identify critical element(s) of the position which employee does not perform successfully or at all. If performance is not fully successful, explain how. Attach supporting documentation such as notice to employee that performance is less than fully successful or physician's recommendation regarding medical restrictions.		

### Section C—Information About Employee's Attendance (See Supervisor's Guidelines on back)

1. Has employee's attendance stopped for apparent medical reasons?	<input type="checkbox"/> Yes <input type="checkbox"/> No	1a. How long is absence expected to continue (if known)?
2. Is employee's attendance unacceptable for continuing in current position?	<input type="checkbox"/> Yes ► Complete items C3-C5 <input type="checkbox"/> No ► Go to Section D	3. Approximate date attendance stopped or became unacceptable (mo., yr.)
4. Explain impact of employee's absence on your work operations.		
5. How many hours of leave has employee used since date in Item C3 for apparent medical reasons? (Attach an explanation of why you approved leave and copies of medical information on which you based your decision to approve leave, leave records, records of contact with or notices to employee. Include as much information as possible about specific reasons for leave use.)	ENTER LEAVE HOURS USED	Annual Sick LWOP

### Section D—Information About Employee's Conduct (See Supervisor's Guidelines on back)

1. Is employee's conduct unsatisfactory?	<input type="checkbox"/> Yes ► Complete items D2-D3 <input type="checkbox"/> No ► Go to Section E	2. Approximate date conduct became deficient (mo., yr.)
3. Describe how conduct is unsatisfactory (attach supporting documentation, such as notices to employee of proposed adverse actions)		

### Section E—Accommodations (See Supervisor's Guide on back)

1. What efforts have you made to accommodate employee?
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### Section F—Supervisor's Certification

How long have you supervised employee? Years _____ Months _____	Supervisor's Telephone Number (Including Area Code)	Supervisor's Office Mailing Address
I certify that all statements made on this Supervisor's Statement are true to the best of my knowledge and belief.		
Supervisor's Signature	Date	
Supervisor's Name (Typed)		

## SUPERVISOR'S GUIDELINES

### GENERAL INFORMATION

Disability retirement determinations are made in accordance with FERS disability retirement regulations (5 CFR 844). A finding of entitlement to disability retirement benefits is made only when the information submitted with the application shows that an employee is unable to render useful and efficient service because of disease or injury in the employee's current position, and the employee has not declined an offer of a vacant position in the same agency and commuting area at the same grade or pay level and tenure for which the employee is qualified for reassignment. Useful and efficient service means fully successful performance of the critical or essential elements of the position (or the ability to perform at that level), and satisfactory conduct and attendance.

The disability retirement application must contain documentation that specifically demonstrates:

1. A deficiency in service with respect to performance, attendance or conduct, or, in the absence of any actual service deficiency, a showing that the medical condition is incompatible with either useful service or retention in the position.
2. A medical condition, which is defined as health impairment resulting from a disease or injury, including a psychiatric disease.
3. A relationship between the service deficiency and the medical condition such that the medical condition has caused the service deficiency.
4. The duration of the medical condition, both past and expected, and a showing that the condition, in all probability, will continue for at least a year from the date the employee became disabled.
5. The applicant's inability to render useful and efficient service arose while the employee was serving under the Federal Employees' Retirement system.
6. The inability of the employing agency to make reasonable accommodation to the employee's medical condition.
7. The agency's consideration of the employee for reassignment to any available position within the employing agency and commuting area, at the same grade and pay level, for which the employee is qualified.

### INSTRUCTIONS

The employee identified on the other side has indicated that he or she intends to apply for disability retirement. The applicant's signature on the "Applicant's Statement" authorizes you to provide the information and documentation requested. You are asked to provide only information about the applicant's job, performance, attendance, and conduct.

If you need more space in any section, attach a separate sheet and indicate an attachment is provided.

The following definitions apply to the terms used in the Supervisor's Statement:

- "Less than fully successful performance" means performance of an employee which fails to meet established performance standards in one or more critical elements of the employee's position, or the equivalent level for a position not under Part 430 of OPM's regulations.
- "Critical element" means a component of an employee's job that is of sufficient importance that performing below the minimum standard established by management requires remedial action, such as denial of within-grade increase, and may be the basis for removing or reducing the grade level of the employee.
- "Unacceptable attendance" means absence from work which is too frequent, unpredictable, or lengthy to allow the job to be done.
- "Unsatisfactory conduct" means conduct for which an employee may be removed or disciplined for cause under adverse action procedures. (For example, discourteous conduct to the public, behavior which disrupts the workplace, or behavior which poses a threat to the life, health, safety, or well-being of co-workers, subordinates, or the public.)
- "Accommodation" means a reasonable adjustment made to a job and/or work environment that enables the employee to perform the duties of that position. Accommodation may include modifying the worksite; adjusting the work schedule; restructuring the job; acquiring or modifying equipment or devices; providing interpreters, readers or personal assistants; and retraining the employee.
- 5 CFR 531.409(d) provides for a waiver of the requirements for determination of an employee's level of competence in certain cases where the employee was in duty status for less than 60 days during the 52 calendar weeks before a within-grade increase would be due. See FPM Chapter 531, Subchapter 4.

After completing and certifying this form and attaching the appropriate documentation, you should return the original to the employee or to your personnel office according to instructions and practices in your agency. In either case, **A COPY MUST BE GIVEN TO THE EMPLOYEE.** Please **DO NOT** send the form directly to the Federal Employees' Retirement System unless OPM specifically requests you to do so in a particular case.

If necessary, you may be contacted by the Federal Employees' Retirement System for additional information or clarification.



## SUPERVISOR'S STATEMENT

Form Approved:  
OMB No. 3206-0171

In Connection With Disability Retirement Under the Federal Employees' Retirement System

### Section A—Applicant Identification

1. Name (Last, first, middle)	2. Date of Birth (mo., day, yr.)	3. Social Security Number
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### Section B—Information About Employee's Performance (See Supervisor's Guidelines on back)

1. Title of Current Position (Attach a copy of position description and for employees covered by FPM Chapter 430, current performance standards and latest performance evaluation)	2. Job Series, Grade and Step	3. Date of Entry into Current Position (mo., day, yr.)
4. Is employee unable to perform or is performance less than fully successful with regard to any critical element of current position?	<input type="checkbox"/> Yes ► Complete items B5-B7 <input type="checkbox"/> No ► Go to Section C	
5. Approximate Date Unacceptable Performance or Inability to Perform Began (mo., day, yr.)	6. Has employee received, after the date in item 5, a within-grade step or merit pay increase or an award based on performance of a critical element of the position? <input type="checkbox"/> Yes ► Dates of performance on which increase or award was based <input type="checkbox"/> No	6a. Was within-grade increase granted under 5 CFR 531.409(d)? <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Identify critical element(s) of the position which employee does not perform successfully or at all. If performance is not fully successful, explain how. Attach supporting documentation such as notice to employee that performance is less than fully successful or physician's recommendation regarding medical restrictions.		

### Section C—Information About Employee's Attendance (See Supervisor's Guidelines on back)

1. Has employee's attendance stopped for apparent medical reasons?	<input type="checkbox"/> Yes <input type="checkbox"/> No	1a. How long is absence expected to continue (if known)?
2. Is employee's attendance unacceptable for continuing in current position?	<input type="checkbox"/> Yes ► Complete items C3-C5 <input type="checkbox"/> No ► Go to Section D	3. Approximate date attendance stopped or became unacceptable (mo., yr.)
4. Explain impact of employee's absence on your work operations.		
5. How many hours of leave has employee used since date in Item C3 for apparent medical reasons? (Attach an explanation of why you approved leave and copies of medical information on which you based your decision to approve leave, leave records, records of contact with or notices to employee. Include as much information as possible about specific reasons for leave use.)		
ENTER LEAVE HOURS USED		Annual Sick LWOP

### Section D—Information About Employee's Conduct (See Supervisor's Guidelines on back)

1. Is employee's conduct unsatisfactory?	<input type="checkbox"/> Yes ► Complete items D2-D3 <input type="checkbox"/> No ► Go to Section E	2. Approximate date conduct became deficient (mo., yr.)
3. Describe how conduct is unsatisfactory (attach supporting documentation, such as notices to employee of proposed adverse actions)		

### Section E—Accommodations (See Supervisor's Guide on back)

1. What efforts have you made to accommodate employee?
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### Section F—Supervisor's Certification

How long have you supervised employee? Years Months	Supervisor's Telephone Number (Including Area Code)	Supervisor's Office Mailing Address
I certify that all statements made on this Supervisor's Statement are true to the best of my knowledge and belief.		
Supervisor's Signature	Date	
Supervisor's Name (Typed)		

## SUPERVISOR'S GUIDELINES

### GENERAL INFORMATION

Disability retirement determinations are made in accordance with FERS disability retirement regulations (5 CFR 844). A finding of entitlement to disability retirement benefits is made only when the information submitted with the application shows that an employee is unable to render useful and efficient service because of disease or injury in the employee's current position, and the employee has not declined an offer of a vacant position in the same agency and commuting area at the same grade or pay level and tenure for which the employee is qualified for reassignment. Useful and efficient service means fully successful performance of the critical or essential elements of the position (or the ability to perform at that level), and satisfactory conduct and attendance.

The disability retirement application must contain documentation that specifically demonstrates:

1. A deficiency in service with respect to performance, attendance or conduct, or, in the absence of any actual service deficiency, a showing that the medical condition is incompatible with either useful service or retention in the position.
2. A medical condition, which is defined as health impairment resulting from a disease or injury, including a psychiatric disease.
3. A relationship between the service deficiency and the medical condition such that the medical condition has caused the service deficiency.
4. The duration of the medical condition, both past and expected, and a showing that the condition, in all probability, will continue for at least a year from the date the employee became disabled.
5. The applicant's inability to render useful and efficient service arose while the employee was serving under the Federal Employees' Retirement system.
6. The inability of the employing agency to make reasonable accommodation to the employee's medical condition.
7. The agency's consideration of the employee for reassignment to any available position within the employing agency and commuting area, at the same grade and pay level, for which the employee is qualified.

### INSTRUCTIONS

The employee identified on the other side has indicated that he or she intends to apply for disability retirement. The applicant's signature on the "Applicant's Statement" authorizes you to provide the information and documentation requested. You are asked to provide only information about the applicant's job, performance, attendance, and conduct.

If you need more space in any section, attach a separate sheet and indicate an attachment is provided.

The following definitions apply to the terms used in the Supervisor's Statement:

- "Less than fully successful performance" means performance of an employee which fails to meet established performance standards in one or more critical elements of the employee's position, or the equivalent level for a position not under Part 430 of OPM's regulations.
- "Critical element" means a component of an employee's job that is of sufficient importance that performing below the minimum standard established by management requires remedial action, such as denial of within-grade increase, and may be the basis for removing or reducing the grade level of the employee.
- "Unacceptable attendance" means absence from work which is too frequent, unpredictable, or lengthy to allow the job to be done.
- "Unsatisfactory conduct" means conduct for which an employee may be removed or disciplined for cause under adverse action procedures. (For example, discourteous conduct to the public, behavior which disrupts the workplace, or behavior which poses a threat to the life, health, safety, or well-being of co-workers, subordinates, or the public.)
- "Accommodation" means a reasonable adjustment made to a job and/or work environment that enables the employee to perform the duties of that position. Accommodation may include modifying the worksite; adjusting the work schedule; restructuring the job; acquiring or modifying equipment or devices; providing interpreters, readers or personal assistants; and retraining the employee.
- 5 CFR 531.409(d) provides for a waiver of the requirements for determination of an employee's level of competence in certain cases where the employee was in duty status for less than 60 days during the 52 calendar weeks before a within-grade increase would be due. See FPM Chapter 531, Subchapter 4.

After completing and certifying this form and attaching the appropriate documentation, you should return the original to the employee or to your personnel office according to instructions and practices in your agency. In either case, **A COPY MUST BE GIVEN TO THE EMPLOYEE.** Please **DO NOT** send the form directly to the Federal Employees' Retirement System unless OPM specifically requests you to do so in a particular case.

If necessary, you may be contacted by the Federal Employees' Retirement System for additional information or clarification.

# PHYSICIAN'S STATEMENT

In Connection With Disability Retirement Under the Federal Employees' Retirement System

## Section A—Identifying Information and Consent (To be completed by applicant)

1. Applicant's Name (Last, first, middle)		2. Date of Birth (Mo., day, yr.)	3. Social Security Number
<p align="center"><b>PRIVACY ACT STATEMENT</b></p> <p>Solicitation of this information is authorized by the Civil Service Retirement law (Chapter 84, title 5, U.S. Code). The information you furnish will be used to identify records properly associated with your application, to obtain additional information if necessary, to determine and allow present or future benefits, and to maintain a unique identifiable claim file for you. The information may be shared with national, state, local or other charitable or social security administrative agencies in order to determine</p> <p>benefits under their programs, to obtain information necessary under this program, or to report income for tax purposes. It may also be shared with law enforcement agencies when they are investigating a violation or potential violation of the civil or criminal law. Executive Order 9397 (November 22, 1943) authorizes use of the Social Security Number. Furnishing the Social Security Number, as well as other data, is voluntary, but failure to do so may delay or prevent action on your application.</p>			
Address to Which Physician Sends Statement →		4. Enter exact name and address (including ZIP Code) of your employing agency	
Applicant's Consent to Release Medical Information		5. I authorize the release to the Federal Employees' Retirement System and my employing office of any and all information or records connected with my disease or injury. Signature (Do not print) _____ Date _____	

## Section B—Medical Documentation (To be completed by physician)

### INSTRUCTIONS

The individual identified above is requesting medical documentation that will be evaluated, along with non-medical documentation as described under "General Information" on the back, in connection with his or her application for disability retirement under the Federal Employees' Retirement System. It may also be used in determining the employee's eligibility for reassignment to a position that he or she is medically able to perform. A copy of the individual's position description is attached for your information.

- The applicant is responsible for any costs incurred in connection with providing this documentation.
- A new medical examination is not necessary if you can provide current information from your records.
- Please provide the medical documentation requested under "MEDICAL DOCUMENTATION REQUIREMENTS" on your letterhead stationery. It is important that you respond to every item listed. Enter the item number of the information requested and provide your response. If an item is not applicable to the applicant's medical condition, enter "Not Applicable." Include in your statement the identifying information in Section A, items 1 through 3, above.
- Enclose your report and any attachments in a sealed envelope marked "Disability—Privileged—Private." Send it to the address shown in Section A, item 4. You may, if you wish, give it directly to the applicant for delivery to the employing office.
- Please complete this statement within 2 weeks. Be sure to sign the report. Include your address and telephone number.

### MEDICAL DOCUMENTATION REQUIREMENTS

#### YOU MUST PROVIDE THE FOLLOWING INFORMATION:

1. The history of the specific medical condition(s), including references to findings from previous examinations, treatment, and responses to treatment.

2. Clinical findings from the most recent medical evaluation including any of the following which have been obtained: findings of physical examination, results of laboratory tests, x-rays, EKGs and other special evaluations or diagnostic procedures and, in the case of psychiatric disease, the findings of mental status examination and the results of psychological tests.
3. Assessment of the current clinical status and plans for future treatment.
4. Diagnosis.
5. An estimate of the expected date of full or partial recovery.
6. An explanation of the impact of the medical condition on life activities both on and off the job.
7. Assessment of the degree to which the medical condition has or has not become static or well stabilized and an explanation of the medical basis for the conclusion.
8. The likelihood that the individual will suffer sudden or subtle incapacitation associated with the medical condition. Explain the medical basis for your conclusion.
9. The probability that the individual will suffer injury or harm if he or she is not restricted or accommodated. Explain the medical basis for your conclusion.
10. The medical basis for your decision to recommend or not to recommend restrictions that prohibit the individual from attending work altogether or performing specific duties of the position. If you have imposed any work-related restrictions or recommended accommodation, explain the therapeutic or risk-avoiding value of the restrictions and whether or not you have imposed any similar restrictions on non-work-related activities.

SEE REVERSE



# PHYSICIAN'S STATEMENT

## GENERAL INFORMATION

Disability retirement determinations are made in accordance with FERS regulations (5 CFR 844). A finding of entitlement to disability retirement benefits is made only when the information submitted with the application shows that an employee is unable to render useful and efficient service because of disease or injury in the employee's current position, and that the employee has not declined an offer of reassignment to a vacant position in the same agency and commuting area at the same grade or pay level and tenure for which the employee is qualified. Useful and efficient service means fully successful performance of the critical or essential elements of the position (or the ability to perform at that level), and satisfactory conduct and attendance.

**Note:** The Office of Personnel Management requires applicants for disability retirement under FERS to also apply for social security benefits. Therefore, you may also be asked to provide medical information to the Social Security Administration for its use in making a social security disability determination.

The disability retirement application must contain documentation that specifically demonstrates:

1. A deficiency in service with respect to performance, conduct, or attendance, or, in the absence of any actual service defi-

ciency, a showing that the medical condition is incompatible with either useful service or retention in the position.

2. A medical condition, which is defined as a health impairment resulting from a disease or injury, including psychiatric disease.
3. A relationship between the service deficiency and the medical condition such that the medical condition has caused the service deficiency.
4. The duration of the medical condition, both past and expected, and a showing that the condition, in all probability, will continue for at least a year from the date the employee became disabled.
5. The applicant's inability to render useful and efficient service arose while the employee was serving under the Federal Employees' Retirement System.
6. The inability of the employing agency to make reasonable accommodation to the employee's medical condition.
7. The agency's consideration of the employee for reassignment to any available position within the employing agency and commuting area, at the same grade and pay level, for which the employee is qualified.

# PHYSICIAN'S STATEMENT

In Connection With Disability Retirement Under the Federal Employees' Retirement System

## Section A—Identifying Information and Consent (To be completed by applicant)

1. Applicant's Name (Last, first, middle)		2. Date of Birth (Mo., day, yr.)	3. Social Security Number
<b>PRIVACY ACT STATEMENT</b>			
Solicitation of this information is authorized by the Civil Service Retirement law (Chapter 84, title 5, U.S. Code). The information you furnish will be used to identify records properly associated with your application, to obtain additional information if necessary, to determine and allow present or future benefits, and to maintain a unique identifiable claim file for you. The information may be shared with national, state, local or other charitable or social security administrative agencies in order to determine		benefits under their programs, to obtain information necessary under this program, or to report income for tax purposes. It may also be shared with law enforcement agencies when they are investigating a violation or potential violation of the civil or criminal law. Executive Order 9397 (November 22, 1943) authorizes use of the Social Security Number. Furnishing the Social Security Number, as well as other data, is voluntary, but failure to do so may delay or prevent action on your application.	
Address to Which Physician Sends Statement →	4. Enter exact name and address (including ZIP Code) of your employing agency		
Applicant's Consent to Release Medical Information	5. I authorize the release to the Federal Employees' Retirement System and my employing office of any and all information or records connected with my disease or injury.		
	Signature (Do not print)		Date

## Section B—Medical Documentation (To be completed by physician)

### INSTRUCTIONS

The individual identified above is requesting medical documentation that will be evaluated, along with non-medical documentation as described under "General Information" on the back, in connection with his or her application for disability retirement under the Federal Employees' Retirement System. It may also be used in determining the employee's eligibility for reassignment to a position that he or she is medically able to perform. A copy of the individual's position description is attached for your information.

- The applicant is responsible for any costs incurred in connection with providing this documentation.
- A new medical examination is not necessary if you can provide current information from your records.
- Please provide the medical documentation requested under "MEDICAL DOCUMENTATION REQUIREMENTS" on your letterhead stationery. It is important that you respond to every item listed. Enter the item number of the information requested and provide your response. If an item is not applicable to the applicant's medical condition, enter "Not Applicable." Include in your statement the identifying information in Section A, items 1 through 3, above.
- Enclose your report and any attachments in a sealed envelope marked "Disability—Privileged—Private." Send it to the address shown in Section A, item 4. You may, if you wish, give it directly to the applicant for delivery to the employing office.
- Please complete this statement within 2 weeks. Be sure to sign the report. Include your address and telephone number.

### MEDICAL DOCUMENTATION REQUIREMENTS

#### YOU MUST PROVIDE THE FOLLOWING INFORMATION:

1. The history of the specific medical condition(s), including references to findings from previous examinations, treatment, and responses to treatment.

2. Clinical findings from the most recent medical evaluation including any of the following which have been obtained: findings of physical examination, results of laboratory tests, x-rays, EKGs and other special evaluations or diagnostic procedures and, in the case of psychiatric disease, the findings of mental status examination and the results of psychological tests.
3. Assessment of the current clinical status and plans for future treatment.
4. Diagnosis.
5. An estimate of the expected date of full or partial recovery.
6. An explanation of the impact of the medical condition on life activities both on and off the job.
7. Assessment of the degree to which the medical condition has or has not become static or well stabilized and an explanation of the medical basis for the conclusion.
8. The likelihood that the individual will suffer sudden or subtle incapacitation associated with the medical condition. Explain the medical basis for your conclusion.
9. The probability that the individual will suffer injury or harm if he or she is not restricted or accommodated. Explain the medical basis for your conclusion.
10. The medical basis for your decision to recommend or not to recommend restrictions that prohibit the individual from attending work altogether or performing specific duties of the position. If you have imposed any work-related restrictions or recommended accommodation, explain the therapeutic or risk-avoiding value of the restrictions and whether or not you have imposed any similar restrictions on non-work-related activities.

SEE REVERSE

## PHYSICIAN'S STATEMENT

### GENERAL INFORMATION

Disability retirement determinations are made in accordance with FERS regulations (5 CFR 844). A finding of entitlement to disability retirement benefits is made only when the information submitted with the application shows that an employee is unable to render useful and efficient service because of disease or injury in the employee's current position, and that the employee has not declined an offer of reassignment to a vacant position in the same agency and commuting area at the same grade or pay level and tenure for which the employee is qualified. Useful and efficient service means fully successful performance of the critical or essential elements of the position (or the ability to perform at that level), and satisfactory conduct and attendance.

**Note:** The Office of Personnel Management requires applicants for disability retirement under FERS to also apply for social security benefits. Therefore, you may also be asked to provide medical information to the Social Security Administration for its use in making a social security disability determination.

The disability retirement application must contain documentation that specifically demonstrates:

1. A deficiency in service with respect to performance, conduct, or attendance, or, in the absence of any actual service deficiency, a showing that the medical condition is incompatible with either useful service or retention in the position.
2. A medical condition, which is defined as a health impairment resulting from a disease or injury, including psychiatric disease.
3. A relationship between the service deficiency and the medical condition such that the medical condition has caused the service deficiency.
4. The duration of the medical condition, both past and expected, and a showing that the condition, in all probability, will continue for at least a year from the date the employee became disabled.
5. The applicant's inability to render useful and efficient service arose while the employee was serving under the Federal Employees' Retirement System.
6. The inability of the employing agency to make reasonable accommodation to the employee's medical condition.
7. The agency's consideration of the employee for reassignment to any available position within the employing agency and commuting area, at the same grade and pay level, for which the employee is qualified.



**AGENCY CERTIFICATION OF REASSIGNMENT AND ACCOMMODATION EFFORTS**  
In Connection With Disability Retirement Under the Federal Employees' Retirement System

Form Approved:  
OMB No. 3206-0171

To be completed by Coordinator for Employment of the Handicapped or other authorized agency official. See instructions on back of form.

1. Name of Applicant (Last, first, middle)	2. Date of Birth (mo., day, yr.)	3. Social Security Number
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4. Has reasonable effort for accommodation been made?

☐ No, accommodation is not an option. (Specify in the space below the functional/environmental factors related to the employee's inability to perform fully successfully and explain why accommodation is not possible.)

☐ No, accommodation is not appropriate. Medical information presented to agency does not document a disabling medical condition.

☐ Yes. Describe below accommodation efforts and attach supporting documentation.

5. Results of agency reassignment efforts (Check one of the following statements)

☐ Reassignment is not necessary because employee's service is fully successful and there are no medical restrictions from performing critical duties or from attending work altogether.

☐ The employee declined reassignment to the vacant position(s) in this agency at the same grade or pay level and tenure, within the same commuting area for which employee meets minimum qualifications.

☐ The employee was not reassigned to any vacant position in this agency at the same grade or pay level and tenure, within the same commuting area for which employee meets minimum qualifications. The position(s) identified and reason(s) for non-assignment are shown below.

**CERTIFICATION BY COORDINATOR FOR EMPLOYMENT OF THE HANDICAPPED OR OTHER AUTHORIZED AGENCY OFFICIAL:**

I CERTIFY that this statement is true to the best of my knowledge and belief.

8. Signature of Responsible Agency Official	9. Date	10. Telephone Number (Including area code)
11. Typed Name of Responsible Agency Official	12. Title of Responsible Agency Official	

# GUIDELINES FOR COORDINATOR FOR EMPLOYMENT OF THE HANDICAPPED

## GENERAL INFORMATION

Disability retirement determinations are made in accordance with FERS disability retirement regulations (5 CFR 844). A finding of entitlement to disability retirement benefits is made only when the information submitted with the application shows that an employee is unable to render useful and efficient service because of disease or injury in the employee's current position, and that the employee has not declined an offer of reassignment to a vacant position in the same agency and commuting area at the same grade or pay level and tenure for which the employee is qualified for reassignment. Useful and efficient service means fully successful performance of the critical or essential elements of the position (or the ability to perform at that level), and satisfactory conduct and attendance.

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5. The applicant's inability to render useful and efficient service arose while the employee was serving under the Federal Employees' Retirement System.
6. The inability of the employing agency to make reasonable accommodation to the employee's medical condition.
7. The agency's consideration of the employee for reassignment to any available position within the employing agency and commuting area, at the same grade and pay level, for which the employee is qualified.

## INSTRUCTIONS

The Coordinator for Employment of the Handicapped should review the Applicant's Statement, the Supervisor's Statement, and the Physician's Statement, and any other relevant documentation on file to determine if reasonable accommodation will enable the employee to render fully successful service in his or her current position or whether a vacant position is available in the agency at the same grade or pay level in the same commuting area for which the employee is qualified for reassignment. Telephone numbers for the applicant, the supervisor, and the physician may be found on their respective statements, should it be necessary to contact them for further information.

**Accommodation**—Guidance for determining reasonable accommodations may be found in the following publications:

- Federal Personnel Manual, Chapter 306
- Handbook on Reasonable Accommodations (PMS 720A)
- Handbook of Job Analysis for Reasonable Accommodations (PMS 720B)

The documentation supporting your response to item 4 on the other side must include an assessment of the functional and environmental factors related to the employee's inability to perform fully successfully, unless there were no medical restrictions.

After completing and certifying this form and attaching the appropriate documentation, you should return the original to the employee or to your personnel office according to instructions and practices in your agency. In either case, **A COPY MUST BE GIVEN TO THE EMPLOYEE.** Please **DO NOT** send the form directly to the Federal Employees' Retirement System unless OPM specifically requests you to do so in this case.

**THE AGENCY'S OBLIGATION TO CONTINUE TO TRY TO REASSIGN THE EMPLOYEE DOES NOT CEASE WITH THE FILING OF THIS CERTIFICATION.** Your efforts should continue until your agency receives OPM's decision on the application.

If necessary, you may be contacted by the Federal Employees' Retirement System for additional information or clarification.



**AGENCY CERTIFICATION OF REASSIGNMENT AND ACCOMMODATION EFFORTS**  
In Connection With Disability Retirement Under the Federal Employees' Retirement System

Form Approved:  
OMB No. 3206-0171

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- ☐ No, accommodation is not appropriate. Medical information presented to agency does not document a disabling medical condition.
- ☐ Yes. Describe below accommodation efforts and attach supporting documentation.

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- ☐ Reassignment is not necessary because employee's service is fully successful and there are no medical restrictions from performing critical duties or from attending work altogether.
- ☐ The employee declined reassignment to the vacant position(s) in this agency at the same grade or pay level and tenure, within the same commuting area for which employee meets minimum qualifications.
- ☐ The employee was not reassigned to any vacant position in this agency at the same grade or pay level and tenure, within the same commuting area for which employee meets minimum qualifications. The position(s) identified and reason(s) for non-assignment are shown below.

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I CERTIFY that this statement is true to the best of my knowledge and belief.

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3. A relationship between the service deficiency and the medical condition such that the medical condition has caused the service deficiency.
4. The duration of the medical condition, both past and expected, and a showing that the condition, in all probability, will continue for at least a year.
5. The applicant's inability to render useful and efficient service arose while the employee was serving under the Federal Employees' Retirement System.
6. The inability of the employing agency to make reasonable accommodation to the employee's medical condition.
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If necessary, you may be contacted by the Federal Employees' Retirement System for additional information or clarification.



# DISABILITY RETIREMENT APPLICATION CHECKLIST

In Connection With Disability Retirement Under the Federal Employees' Retirement System

Form Approved:  
OMB No. 3206-0171

## To Be Completed by Employing Office

1. Applicant's Name (Last, first, middle)		2. Date of Birth (mo., day, yr.)		3. Social Security Number	
4. Will Employee Remain in Duty Status?					
<input type="checkbox"/> Yes		4a. Date Pay Stopped or Will Stop			
<input type="checkbox"/> No: Give _____ →					
5. Has employee ever received or made application for compensation from the Veterans Administration?					
<input type="checkbox"/> Yes: Give _____ →		5a. Claim Number		5b. Period for which compensation was received	
<input type="checkbox"/> No				From (mo., day, yr.) To (mo., day, yr.)	
6. Has employee made application for disability benefits from the Social Security Administration?					
<input type="checkbox"/> No		<input type="checkbox"/> Yes		Application Receipt or Award Notice Attached	
		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
7. Are the following documents attached? (Indicate by "X" for each)				Yes	No
a. SF 3105A, Applicant's Statement of Disability					
b. SF 3105B, Supervisor's Statement					
• Employee's Performance Standards					
• Employee's Position Description					
• Supporting Documentation Regarding Employee's Performance					
• Supporting Documentation Regarding Employee's Leave Use					
• Supporting Documentation Regarding Employee's Conduct					
c. SF 3105D, Agency Certification of Reassignment and Accommodation Efforts					
• Supporting Documentation of Agency's Accommodation Efforts					
• Supporting Documentation of Employee's Non-Selection or Reassignment					
d. SF 3105C, Physician's Statement (or equivalent)					
e. Agency Report of Federal Medical Examination (if one was made)					
8. On Supervisor's Statement (SF 3105B), is Section B, item 4, answered "Yes"?					
<input type="checkbox"/> No					
<input type="checkbox"/> Yes: Attach (1) A copy of the employee's performance appraisal covering employee's service prior to the date shown in Section B, item 5, of the Supervisor's Statement, AND					
(2) A copy of the performance appraisal covering service after that date, if available.					
9. If employee is temporarily at an address other than the one given on SF 3107, Section A (such as hospital, nursing home, or with a relative), enter address, including ZIP Code.				10. If employee is unable to act on his or her own behalf, give name and address of person acting for him or her. (Include copy of court appointment of guardian or conservator, if applicable.)	
11. List any documents attached which are not listed in item 7 above, or other information regarding this applicant.					

## Agency Certification

12. Is SF 3107, Application for Immediate Retirement, attached?		Yes	14e. Full Agency Name and Address (Including ZIP Code)
		No	
13. Do available records show that the above named employee, a member of the Federal Employees' Retirement System, has at least 18 months of civilian service?		Yes	
		No	
14. I CERTIFY that the information shown above accurately reflects verified information in official records.			
14a. Signature of Chief Personnel Officer or Designee		15. Agency Office to Be Notified of Federal Employees' Retirement System's Determination (Include specific official to receive notice and telephone number, including area code)	
14b. Official Title			
14c. Telephone Number (Including area code)			
14d. Date		<input type="checkbox"/> Check here if address is same as 14e.	